

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035179

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1163

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 5117

2 5117

3

4 0

5 1

6

7 0

8 2

9 527.1

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
O.W.D. Craig, M.D.  
MEDICAL CERTIFICATION

FILED OCT 7 1963

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Joseph,

Length of stay in 1b  
55 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 622 North 9th Street

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph,

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
622 North 9th Street

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First LEEROY

Middle V.

Last MEADOWS

4. DATE OF DEATH

Month September Day 29, Year 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH Sept. 11, 1885

9. AGE (last birthday) 78

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Ret. Owner

10b. KIND OF BUSINESS OR INDUSTRY Lee's Antique Shop

11. BIRTHPLACE (City and state or country) Pattonsburg, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

Allen Meadows

13b. MOTHER'S MAIDEN NAME

Dora Armstrong

14. NAME OF HUSBAND OR WIFE

Essie Meadows

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Mrs. Essie Meadows-St. Joseph, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Pulmonary Emphysema

INTERVAL BETWEEN ONSET AND DEATH  
2 1/2 Months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7/15/63

to 9/29/63

and last saw her him alive on 9/29/63

Death occurred at 10:55 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

O.W.D. Craig M.D.

22b. ADDRESS

620 Francis St. St. Joseph, Mo

22c. DATE SIGNED

10/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE

Oct. 1, 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo. Oct. 2, 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mrs. Clark Handall

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit issued 10-1-63

2112  
2112  
0-1  
09

0-3P

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Eric J. Chancy*

Licensed Embalmer No. 4679

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.